

# Welcome!

*The Nevada Opioid Center of Excellence (NOCE) is dedicated to developing and sharing evidence-based training and offering technical assistance to professionals and community members alike. Whether you're a care provider or a concerned community member, NOCE provides resources to support those affected by opioid use.*

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# **Faith-Based Responses to Substance Use Disorders**

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# Presenter Disclaimer

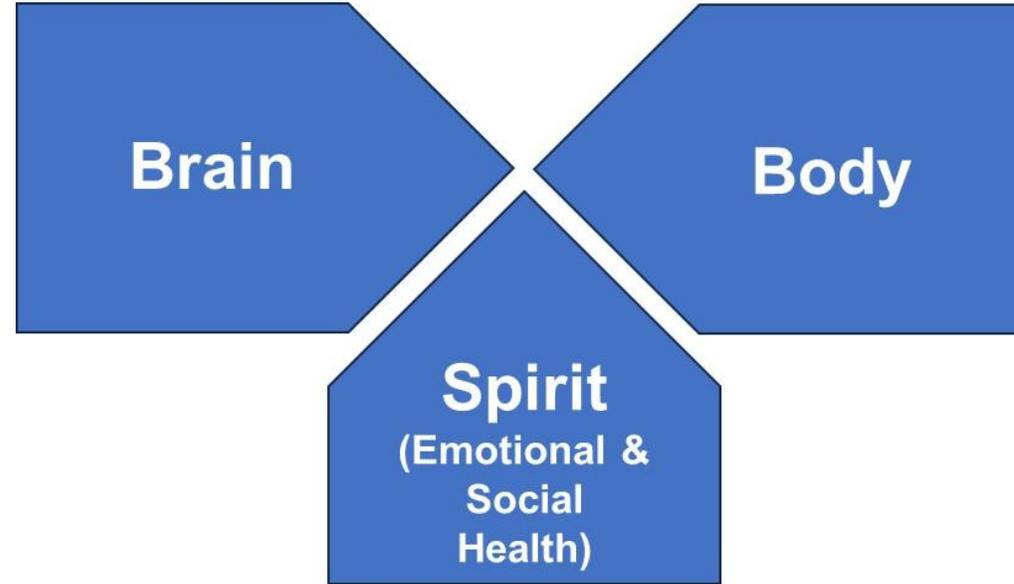
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# Objectives:

- Educate participants on the intersection of faith, addiction, and recovery, including the spiritual dimensions of healing.
- Discuss faith-based approaches and programs that have successfully supported prevention, recovery, and reintegration.
- Equip attendees with practical tools to reduce social labeling and create recovery-ready congregations.
- Inspire faith leaders and community members to initiate or strengthen recovery-ready ministries and partnerships with local health and service organizations.

# Addiction: A Chronic Health Condition



Addiction is **treatable**, recovery is possible, and **support and understanding matter**.

# Overall Substance Use (2024 NSDUH)

- 58.3% of people age 12+ used tobacco, nicotine, alcohol, or an illicit drug in the past month.
- 16.8% of people aged 12+ had a substance use disorder in the past year — about 48.4 million people.
- About 43.1% of alcohol users were binge drinkers in the past month.
- Drug overdose deaths fell sharply in 2024 to around 80,000, a 27% decrease from 2023 — the largest single-year drop recorded.
- Despite this decline, overdose remains the leading cause of death for people ages 18–44.

Source: SAMHSA 2024 National Survey on Drug Use and Health (NSDUH)

# Key Trends

- Nicotine vaping remains common, especially among youth.
- 9.6% of people age 12+ vaped nicotine in the past month.
- Marijuana use continues to rise.
- Marijuana use has increased from 19.0% to 22.3% from 2021 to 2024.
- Alcohol use and binge drinking remain widespread.

Source: SAMHSA 2024 National Survey on Drug Use and Health (NSDUH)



# Common Settings for SUD Treatment

Settings	Types of Services
Outpatient Treatment	<ul style="list-style-type: none"><li>• Counseling and therapy while living at home.</li><li>• Includes regular outpatient, Intensive Outpatient (IOP), and day programs (PHP).</li><li>• Allows people to attend school or work.</li></ul>
Inpatient & Residential Treatment	<ul style="list-style-type: none"><li>• 24/7 care in a hospital or live-in facility.</li><li>• Provides structure, medical support, and therapy.</li><li>• Often used for severe addiction or unsafe home environments.</li></ul>
Medication & Medical Settings	<ul style="list-style-type: none"><li>• Specialized clinics for opioid use disorder (OTP).</li><li>• May include medications with counseling.</li><li>• Some treatment happens in primary care offices.</li><li>• Crisis Stabilization Units.</li></ul>
Recovery Support Settings	<ul style="list-style-type: none"><li>• Sober living homes.</li><li>• Peer support and community programs.</li><li>• Help people maintain recovery after treatment.</li></ul>

# Types of Organizations That Provide SUD Treatment

- Healthcare Organizations.
- Specialized Treatment Centers.
- Community Health Centers.
- Nonprofit Organizations.
- Government & Public Health Agencies.
- Faith-Based Organizations.
- Peer & Recovery Support Organizations.



# The Spiritual Dimension of Addiction & Recovery

## Addiction Can Affect Spiritual Health By:

- Creating feelings of emptiness, guilt, or shame.
- Disconnecting people from their values and goals.
- Damaging trust and a sense of belonging.
- Making life feel controlled by substances instead of purpose.

## Recovery Helps Restore Spiritual Health By:

- Rebuilding self-worth and hope.
- Reconnecting with personal values and goals.
- Strengthening relationships and support systems.
- Finding meaning, purpose, and direction in life.



# Spiritual Side of Recovery

- Overcoming struggles by connecting individuals with their faith principals.
- Connection with important values.
- Focus on renewing their lives, forgiving past wrongs and loving all people.
- A lot of religions programs follow a 12-step recovery program and some also include some religious practices (such as Bible study), meditation and encouragement for others to grow.
- Religious focused treatment helps individuals to admit their condition.

# Native American Spiritual and Western SUD Treatment

- They work with Western medicine and interact with the Native American spiritual beliefs to help them succeed in recovery.
- They receive the support from the staff members that use western treatment combined with their religious beliefs system in their Native America community.
- The interaction between both cultures insurors that the person will have the best recovery from a medical stance and a spiritual stance.



# Why Faith Communities Are Uniquely Positioned to Support Individuals with SUD

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## Unique Strengths:

Trust and long-term relationships.

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Regular, consistent presence in people's lives.

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Moral authority and influence.

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Capacity to reduce isolation and shame.

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Rituals, prayer, and spiritual grounding.

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Multigenerational reach.

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# Faith-Based Service Provider's Role

## **Primary Role: Provide direct services that support recovery.**

- Offer treatment programs, counseling, housing, or recovery services.
- Use evidence-based practices and professional staff.
- Partner with healthcare systems and social services.
- Focus on safety, structure, and long-term recovery support.
- Often funded by grants, insurance, or public programs.

## **Examples:**

- Faith-affiliated treatment centers, recovery housing, community service agencies.

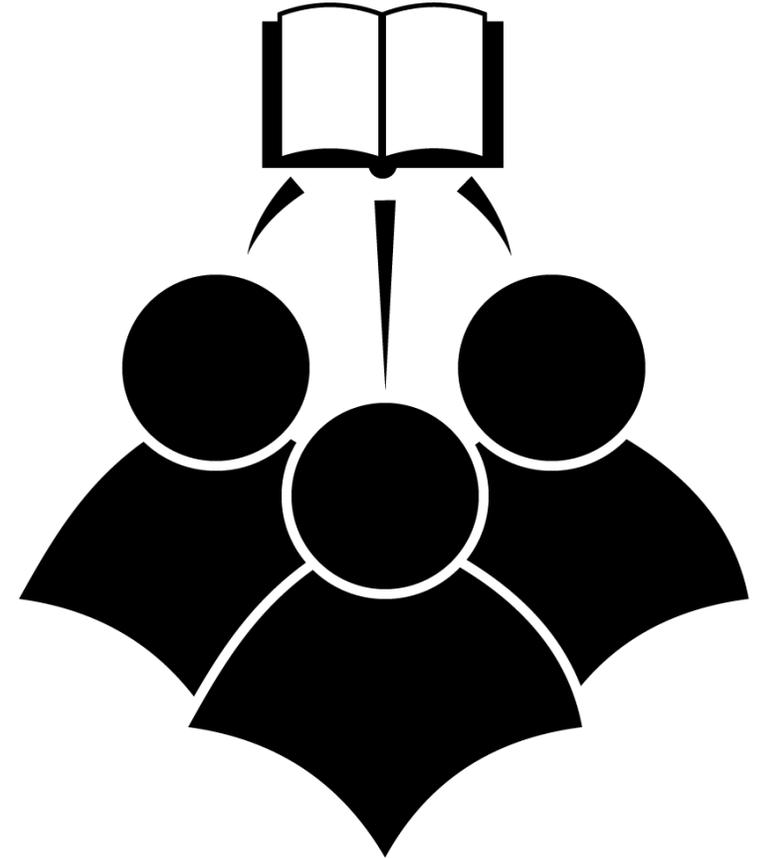
# Faith Leader's Role

## Primary Role: Provide spiritual and emotional support.

- Offer compassion, guidance, and hope.
- Reduce stigma through teaching and messaging.
- Knowing when and how to refer to professional help.
- Support families and caregivers.
- Advocate for supportive policies and community resources.

## Examples:

- Pastors, ministers, chaplains, lay leaders, etc.



# What Faith Leaders Are Not:

- Not therapists or addiction specialists.
- Not responsible for controlling outcomes.
- Not alone—part of a broader care network.

# Case Study:

## “Walking Alongside the Martinez Family”

# Background

- The Martinez family has been part of the congregation for over ten years. Rosa and Luis attend regularly and volunteer when they can.
- Their 22-year-old son, Daniel, grew up in the faith community and was active in youth programs during high school.
- Over the past two years, Daniel has struggled with opioid use following a sports injury. What began as prescribed pain medication eventually led to misuse and, later, non-prescribed opioids use. He has attempted treatment twice but relapsed both times. Currently, Daniel is not attending worship, but his parents continue to do so faithfully.

# Presenting Situation

- Rosa approaches the faith leader after a service, visibly emotional. She shares that Daniel has been living at home again after losing his job. She is exhausted, worried about his safety, and unsure how to help without enabling his substance use. Luis has withdrawn emotionally and avoids conversations about Daniel altogether.
- Rosa asks: “*Can you talk to him? Maybe if he hears it from someone he respects spiritually, it will finally change.*”
- Meanwhile, some congregation members have noticed Daniel’s absence and quietly speculate about what is “*going on with that family.*” A volunteer leader expresses concern about whether Daniel should be allowed to attend events if he “*isn’t sober.*”

# Challenges for the Faith Leader

- Balancing compassion with appropriate boundaries.
- Responding to family distress without assuming responsibility for Daniel's recovery.
- Navigating stigma and misinformation within the congregation.
- Supporting the parents who are experiencing grief, fear, and shame.
- Knowing when to offer spiritual care and when to refer to professional support.

# Steps for the Faith Leader to Support the Martinez Family

## 1. Listen & Validate

- Offer undivided attention.
- Acknowledge feelings of fear, exhaustion, and worry.

## 2. Assess Safety

- Ask about Daniel's immediate risk (overdose, unsafe behavior).
- Refer immediately if danger is present (911, crisis line).

## 3. Support Emotionally & Spiritually

- Normalize feelings of guilt, frustration, and worry.
- Encourage self-care for Rosa and Luis.
- Offer prayer or reflection if desired.

## 4. Set Boundaries & Avoid Enabling

- Clarify difference between:
  - **Support:** Encouragement, connection to treatment.
  - **Enabling:** Providing money, housing, or cover-ups for substance use.

## 5. Connect to Professional Help

- Treatment centers (inpatient/outpatient).
- Family counseling or support groups (Al-Anon, Nar-Anon).
- Crisis hotlines or medical care.

## 6. Encourage Communication & Family Support

- Support Luis's participation gently.
- Suggest family therapy or support programs.

## 7. Follow Up

- Regular check-ins while maintaining healthy boundaries.
- Celebrate small steps and encourage hope.

## 8. Address Congregation Stigma

- Addressing congregational stigma through teaching and language.

# Key Message

Faith leaders provide compassion, guidance, and spiritual support, while professional treatment addresses the clinical needs.

Both are essential for the family's well-being.

# Practical Ways Faith Communities Can Support Recovery



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# Concrete Actions

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Encouraging support groups.

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Providing recovery-friendly spaces.

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Hosting meetings (e.g., AA, NA, Al-Anon, faith-based recovery groups).

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Training volunteers in trauma-informed care.

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Creating a resource and referral list.

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Provide meals, childcare, transportation support for individuals in need (when possible).

# Support for Policy & Practice

- Reduce stigma.
- Advocate for supportive policies.
- Support evidence-based practices.
- Provide community support.
- Educate and lead by example.



# Building Partnerships & Referral Pathways

- Working with local treatment providers and recovery organizations.
- Understanding crisis response vs. long-term support.
- Create memorandums of understanding (if applicable).
- Knowing emergency protocols (overdose, relapse, domestic safety).



# Addressing Stigma

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## **Addressing the following:**

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How stigma harms healing.

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Examining theological narratives around sin, suffering, and redemption.

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Reframing addiction through mercy, justice, and healing.

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Stories of recovery as testimonies of resilience, not perfection.

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## **Reflection Question:**

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“What messages—spoken or unspoken—might people hear in our faith spaces about addiction?”

# Steps Congregations Can Take to Reduce Stigma & Promote Compassion

## 1. Use Respectful, Accurate Language

- Speak about addiction as a health condition, not a moral failure.
- Avoid labels like “addict” or “junkie”; use person-first language.
- Model compassionate language from the pulpit and in programs.

## 2. Educate the Community

- Offer education on substance use, mental health, and recovery
- Share facts that challenge myths and stereotypes
- Help members understand relapse as part of recovery, not failure

### **3. Share Stories of Hope**

- Invite individuals in recovery (when safe and appropriate) to share stories
- Highlight recovery as possible and ongoing
- Balance honesty with dignity and confidentiality

### **4. Lead with Compassion from Leadership**

- Clergy and leaders openly model empathy and non-judgment
- Address stigma directly in sermons, teachings, and conversations
- Set a tone of welcome and belonging

## **5. Create Safe Spaces**

- Ensure people can ask for help without fear of shame or punishment
- Protect confidentiality
- Provide welcoming spaces for support or recovery meetings

## **6. Support Families, Not Just Individuals**

- Acknowledge the stress and grief families experience
- Offer support groups or referrals for caregivers
- Avoid blaming parents or loved ones

## 7. Encourage Help-Seeking

- Normalize seeking professional treatment and counseling
- Share local resources and crisis information regularly
- Reinforce that asking for help is a sign of strength

# **Evidence-Based Practices Faith Communities Can Easily Implement**



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# Build a Welcoming, Non-Stigmatizing Environment

Stigma is one of the biggest barriers to treatment. Faith communities can reduce it by:

- Using person-first language (“person with a substance use disorder” rather than “addict”).
- Normalizing help-seeking through sermons, announcements, and conversations.
- Offering compassion-centered pastoral care that avoids shame and moral judgment.

***Why it works:*** faith partnerships improve access to prevention, treatment, and recovery services by creating safe, stigma-free spaces

# Provide Education & Awareness Programs

## **Faith communities can host or share:**

- Workshops on substance use and opioid risks.
- Training on recognizing overdose signs.
- Information about local treatment and recovery resources.

***Evidence:*** Faith-based organizations are effective partners in prevention when they provide accurate information and community education.

# Offer Peer-Based Recovery Support

**Peer support is one of the strongest evidence-based interventions. Faith communities can:**

- Host recovery meetings (AA, NA, Celebrate Recovery, SMART Recovery).
- Train volunteers as recovery allies using community-based programs.
- Create small support groups for individuals and families.

***Evidence:*** Faith communities can significantly improve readiness and capacity to support recovery when they implement structured peer-support programming

# Integrate Prevention Approaches

**Prevention is evidence-based and compatible with many faith traditions focused on compassion and saving lives. Congregations can:**

- Distribute or store naloxone (Narcan) and train members to use it.
- Share information about syringe service programs and safe-use resources.
- Partner with local prevention focused organizations for training and referrals.

***Evidence:*** Integrating faith, peer support, and prevention strengthens recovery pathways and meets people where they are.

# Strengthen Community Connections

## **Faith communities can act as bridges to care by:**

- Helping individuals navigate treatment options
- Connecting families to counseling and support
- Collaborating with local coalitions and health providers

***Evidence:*** SAMHSA emphasizes that faith-based partnerships expand access to treatment and recovery services, especially in underserved communities

# Promote Protective Factors for Youth

**Faith communities are uniquely positioned to support prevention by:**

- Providing positive youth activities
- Offering mentoring programs
- Teaching coping skills and resilience

***Evidence:*** Youth who are connected to faith communities often show lower rates of substance use due to increased protective factors

# Support Families Affected by Addiction

Families need support too. Congregations can offer:

- Family education nights.
- Support groups for parents and spouses.
- Pastoral counseling referrals.

# **Key Steps for Congregations to Support Individuals with Substance & Opioid Use Disorders**



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# 1. Learn the Basics

1

Understand addiction as a chronic health condition.

2

Learn about opioids, overdose risks, and recovery.

3

Use accurate, stigma-free language.



## 2. Train Leaders & Volunteers



Provide training on how to respond with compassion.



Teach when to support and when to refer to professionals.



Educate on boundaries, confidentiality, and safety.

# 3. Build Partnerships

1

Connect with local treatment providers, counselors, and recovery groups.

2

Create a referral list for treatment, crisis services, and family support.

3

Collaborate with community health organizations.



# 4. Establish Clear Policies



Define the congregation's role (support, not treatment).



Set guidelines for safety, boundaries, and crisis response.



Ensure confidentiality and respectful care.

# 5. Create a Welcoming Culture

1

Address stigma openly from the pulpit and in programs.

2

Encourage help-seeking without shame.

3

Support individuals in recovery through inclusion and respect.

# 6. Offer Supportive Programs

Host	Host support or recovery meetings.
Provide	Provide space for education, peer support, or counseling referrals.
Support	Support families and caregivers with practical help.

# 7. Prepare for Emergencies

1

Train staff/volunteers in overdose response and naloxone use.

2

Know when and how to call emergency services.

3

Have a clear crisis plan.



# 8. Promote Sustainability



Track the progress of individuals and the community.



Analyze successes and failures and create an improvement process.



Apply for local, State or Federal grants that support recovery activities.

# Self-Care for Faith Leaders



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# Why Self-Care Matters

- Prevents burnout and compassion fatigue.
- Protects emotional, mental, and spiritual well-being.
- Helps leaders offer steady, healthy support.



# Healthy Self-Care Practices

- **Set boundaries:** Know your role; you are a support, not a therapist.
- **Seek support:** Talk with peers, mentors, or counselors.
- **Practice spiritual care:** Prayer, reflection, meditation, or rest.
- **Take breaks:** Schedule time off and recharge regularly.
- **Learn & refer:** Know when and how to connect people to professionals.

**Resource:** Addressing Burnout in the Behavioral Health Workforce Through Organizational Strategies – SAMHSA, 2022 - <https://nhtac.org/wp-content/uploads/2025/02/Addressing-Burnout-in-Behavioral-Health.pdf>

# Examples of Faith-Based Programs

## Inner-Change Freedom Initiative (IFI) — Prison Fellowship Academy

- A Christian-based prisoner reentry program offering values-based education while incarcerated and community support after release.
- *Duwe G, King M. Can faith-based correctional programs work? An outcome evaluation of the innerchange freedom initiative in Minnesota. Int J Offender Ther Comp Criminol. 2013 Jul;57(7):813-41. doi: 10.1177/0306624X12439397. Epub 2012 Mar 21. PMID: 22436731.*

## Celebrate Recovery

- A Christian 12-step recovery program used in churches and even within some prisons to support recovery from addiction, harmful behaviors, and life struggles. Its curriculum blends traditional 12-step elements with biblical teachings
- While there's limited formal research on long-term outcomes, millions of participants have engaged worldwide, and spirituality has been linked to enhanced confidence in resisting substance misuse.

## **Renew Foundation (Philippines)**

- A Christian non-profit serving survivors of human trafficking and prostitution. It runs prevention, intervention, and reintegration programs that include spiritual renewal, education, shelter, and employment support.

## **Embark Reentry Ministry (Kindway)**

- A faith-based reentry program within Marion Correctional Institution (Ohio) that helps prepare individuals for release and supports them for a year afterward.

## **Community & Faith Partnerships (SAMHSA Initiative)**

- In the U.S., the Substance Abuse and Mental Health Services Administration (SAMHSA) actively partners with faith-based community organizations to deliver prevention, treatment, and recovery services—especially in underserved areas.

## **Liberty Ranch — Faith-Based Recovery & Discipleship**

- A structured faith-centered recovery ministry (primarily Christian) offering substance abuse recovery, discipleship, and life skills training.

# Tools and Resources for Faith Communities

- HHS - Opioid Epidemic Practical Toolkit: Helping Faith and Community Leaders Bring Hope and Healing to Our Communities – <https://www.hhs.gov/about/agencies/iea/partnerships/opioid-toolkit/index.html>
- Youth Mental Health and Well-being in Faith and Community Settings: PRACTICING CONNECTEDNESS – <https://www.hhs.gov/sites/default/files/youth-mental-health-and-well-being-in-faith-and-community-settings.pdf>
- APA Foundation- Faith and Mental Health—<https://www.apaf.org/faith>
- American Psychiatric Association Foundation: Mental Health: A Guide for Faith Leaders - <https://www.apaf.org/getmedia/d5cdf69e-e9bb-4090-9b75-1b409c3e2369/APAF-Mental-Health-A-Guide-for-Faith-Leaders.pdf>
- Toolkit for preventing opioid overdoses at your organization - A Practical Guide for Employers, Community Leaders, and Faith Leaders - [https://hcs.rti.org/src/docs/HCS\\_Org\\_Toolkit\\_Backgrounders.pdf](https://hcs.rti.org/src/docs/HCS_Org_Toolkit_Backgrounders.pdf)
- Toolkit for Faith-Based Organizations to Prevent Overdoses and Reduce Harm -University of Pittsburgh - [https://www.overdosefreepa.org/wp-content/uploads/2021/11/FCC\\_Faith-Based-Toolkit\\_2021.pdf](https://www.overdosefreepa.org/wp-content/uploads/2021/11/FCC_Faith-Based-Toolkit_2021.pdf)
- Engaging the Faith Community in Substance Use Prevention: The Rationale for Partnering and Resources to Support Your Efforts(PTTC) - [https://pttcnetwork.org/wp-content/uploads/2019/11/EngagingtheFaithCommunityinSubstanceUsePreventionRationaleandResources\\_mmf\\_0.pdf?utm\\_source=copilot.com](https://pttcnetwork.org/wp-content/uploads/2019/11/EngagingtheFaithCommunityinSubstanceUsePreventionRationaleandResources_mmf_0.pdf?utm_source=copilot.com)
- Faith Communities’ Improvements in Readiness to Engage in Addictions Resilience and Recovery Support Programming - [https://www.faith-partners.org/wp-content/uploads/2021/06/Travis\\_et\\_al-2021-Journal\\_of\\_Religion\\_and\\_Health.pdf?utm\\_source=copilot.com](https://www.faith-partners.org/wp-content/uploads/2021/06/Travis_et_al-2021-Journal_of_Religion_and_Health.pdf?utm_source=copilot.com)

An aerial photograph of a rugged mountain range during the golden hour. The peaks are illuminated with a warm, golden light, while the valleys and lower slopes are in deep shadow, creating a dramatic play of light and dark. The sky is filled with soft, wispy clouds, some of which are also lit by the low sun. The overall mood is serene and majestic.

**Thank You**